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CONFIRMATION NO. 5413

<b>SERIAL NUMBER</b> 10/611,950	<b>FILING OR 371(c) DATE</b> 07/03/2003 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 5550-31
<b>APPLICANTS</b> Alexis Tzannes, Lexington, MA; Ron Gut, Belmont, MA; <div style="text-align: center;">DR</div>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/394,820 07/09/2002 <div style="text-align: center;">DR</div>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/29/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <div style="text-align: center;">Allowance</div> Acknowledged <div style="text-align: center;">Examiner's Signature</div> <div style="text-align: center;">DR</div> <div style="text-align: center;">Initials</div>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 91
<b>INDEPENDENT CLAIMS</b> 11				
<b>ADDRESS</b> 62574				
<b>TITLE</b> Iterative compression parameter control technique for images				
<b>FILING FEE RECEIVED</b> 2700	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	